

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

39/890220

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/			/			51		0				
2							52		0				
3							53		0				
4							54		0				
5							55		0				
6							56		0				
7							57		0				
8							58		0				
9							59		0				
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	0						TOTAL IND.	1					
TOTAL DEP.		8					TOTAL DEP.		9				
TOTAL CLAIMS							TOTAL CLAIMS	10					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY